Clinic Nutrition Meet in New Delhi

3025. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether a clinic nutrition meet was held in New Delhi during the 4th week of February, 1988; and

(b) if so, the number of personnel who participated in the meet, nature of discussions held and the decisions taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) The first rid congress on clinical nutrition was heLj from 27th February to 3rd March, 1988, at New Delhi.

(b) 586 delegates participated in the conference. Various scientific papers on nutrition were presented and discussed.

The recommendation made were that awareness regarding the importance of nutrition should be created amongst the physicians; there should be coordination between Agriculture, Food industry and Nutrition Scientists and the advantages vegetarian food were stressed.

Priority for Medical facilities in the J. J. Colonies

3026. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) wither Government's attention has been drawn to the news-item which appeared in the Indian Express dated the 26th February, 1988 under the caption 'Medicare a dream for Jhuggi dwellers;

(b) if so, what are the details thereof; and

(c) whether Government propose to provide full medical facilities in the J. J. Colonies On priority basis ana If not, the reasons thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) and Cc) 27 Allopathic Dispensaries, 13 Homoeopathic Dispensaries and 2 Poly clinics of the Delhi Administration are functioning in the resettlement and J. J. Colonies, The Delhi Administration are in the process of establishing seven hundred bedded hospitals in the periphery of Delhi for providing medical facilities to the residents of resettlement and J, J, Colonies,

In addition, the New Delhi Municipal Committee is also running 30 dispensaries including one mobile dispensary, 13 Maternity and Child Welfare Centres in various localities in-its jurisdiction where the public including J. J. Colony dwellers can get for medical facilities.

Evaluation of the Technical Committee's Recommendation on vehicles

3027. SHRl BIR BHADRA PRATAP SINGH:

SHRI BHAGATRAM MANHAR;

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that Government advise^ various State Health Organisations on the suitability of various vehicles required by them for different purposes;

(b) if so, what are the details of measures taken by Government to ensure that only suitable vehicles are recommended to the State Health Organisations;

(c) whether Government followed the recommendations of the Technical Committee set up in June, 1987 for the evaluation of various vehicles Including Gypsy and Trekkers;

(d) if not, the reasons thereof; and

(e) what steps are proposed by the Government to ensure that recommendations made by the 1987 Technical Committee are followed strictly?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) A Technical Committee was constituted in May, 1986 to consider the induction of suitable new models of vehicles available in the market for use under Family Welfare Programme. On the basis of the recommendations of this Committee, the pattern of makes of vehicles suitable for procurement under F. W. Programme was communicated to the States and the same is being fallowed.

(c) to (e) The matter is under consideration.

Profit and Loss of AIR India from Passenger and Cargo Traffic

3028. SHRl BIR BHADRA PRATAP SINGH:

SHRI BHAGATRAM MANHAR:

Will the Minister of CIVIL AVIATION be pleased to state;

(a) the amount of revenue and operating profit and loss of Air lndia in each sector from passengers and cargo traffic separately in 1985-86, 1986-87 and likely in 1987-88;

(b) what are the reasons for decline in revenue and profit for flight operations to the Gulf and African countries;

(C) what are the routes to the Gulf and Africa on which flights have been increased/decreased or cancelled in the past two years and the number thereof;

(d) the new routes added to the flight network of Air India to the Gulf and African countries in the past two years and plans for future-

(e) the amount of bank guarantee or actual compensation paid by Air India for the release of its Airbus in Nigeria in 1987 and whether flight services to Nigeria remain suspended since then; and

(f) what are the steps taken to improve flight services to the Gulf and African countries including new flights, if any?

THE MINISTER OF HEALTH AND FAMILY WELFARE AND THE MINISTER OF CIVIL AVIATION (SHRI MOTi LAL VORA); (a) Statements I and II showing the scheduled services revenue (before pool) including freighter operations on the routes operated by Air India for the period 1985-86, 1986-87 and 1987-88 (April-December, 1987) are attached. *[See* Appendix CX3LV, Annexure Nos. 109 and HO].

(b) Increased competition combined with tapering of growth in traffic has resulted in decline of revenue and profit on the Gulf Sectors. In the African Region, the reason for declining revenue is that most countries have placed restrictions on foreign travel by their nationals and the level of general economic and commercial activity in the region is low.

(c)i FJight frequencies to Dubai, Abu Dhabi(Kuwait, Muscat and Jed-dah were increased whereas flight frequency to Sharjah, Dhahran and Nairobi was reduced. Operations to Lagos, Dar-Es-Salaam and Harare have been withdrawn from September/ October, 1987.

(d) In the Gulf, Air India has added one more station namely Riyadh, capital of Saudi Arabia, to which two services a week with Boeing 747 aircraft are being operated effective 21st February, 1988. There are no plans to add new stations in Africa.

(e) After long negotiations, the Government delegation from' lndia arrived at a mutually acceptable solution which envisaged release of the aircraft and the erew members from